

California DHCS AMP Submission Spreadsheet
Instructions

Instructions for creating an Average Manufacturer Price file for California Department of Health Care Services.

AMP files are due quarterly, 30 days after the quarter's end. This information is to be entered into the AMP Collection sheet (see tabs below), saved into a Comma Separated Value ("CSV") format, then sent to DHCS. The instructions below outline how to save to a CSV format, what to name the file and where to send it.

1. Enter the AMP information into the AMP Collection sheet. See Data Dictionary for a description of each field to be captured. If your AMP information is not currently in Excel, see the Different Format sheet for instructions on getting it into Excel.
2. Save the AMP information by clicking File, Save As from the file menu. The AMP Collection spreadsheet must be visible when saving this data.
3. When the Save As window pops up, choose "CSV (Comma Delimited)(*.CSV)" in the Save As Type in the bottom box.
4. Enter the file name "CA DHS AMP QYYYY XXXXX.csv" where QYYYY is the quarter and year and XXXXX is the labeler number. If there is information for multiple labelers in the spreadsheet, choose one of the labeler codes for the file name. For example: "CA DHS AMP 42001 00001.csv". If you are submitting multiple labelers in one file, please use the following file name format: "CA DHS AMP 42001 00001 00002 00003 00004.csv".
5. Save the file to a safe location.
6. Copy the file to a 3.5 inch floppy disk or email to the EDS Drug Rebate Supervisor at sharon.gary@eds.com. Please note that email is not encrypted and is not considered a secure Internet connection. It will be possible for others to view information that you are transmitting.
7. Send the electronic data via disk to:

*Electronic Data Systems (EDS)
Drug Rebate Unit
Attention: Drug Rebate Supervisor
3215 Prospect Park Drive
Rancho Cordova, CA 95670*

8. If you have any questions, contact the EDS Drug Rebate Supervisor at (916) 636-1955. If you have any questions about your supplemental contract(s) with the Department, please contact your Government Affairs representative with your company. Your Government Affairs representative can contact the Department if there are further questions.

California DHCS AMP Submission Spreadsheet
Data Dictionary

Field Name	Description
Record ID	Required. A one character record identifier always equal to "4".
Labeler Code	Required. The 5 character labeler code contained in the first 5 characters of the NDC. Must be 5 numeric characters with no spaces. (Example: 00005XXXXXX)
Product Code	Required. The 4 character product code that follows the labeler code in the NDC. Characters 6 through 9 of the NDC. Must be 4 numeric characters digits with no blanks. (Example: LLLLL0002XX)
Package Size Code	Required. The 2 character package size that is contained in the last 2 characters of the NDC. Must be 2 (numeric characters) digits with no blanks. (Example: LLLLLXXXX10)
Period Covered.	Required. The quarter and year to which this price information applies. The format is QYYYYY. (Example: 42001)
Average Manufacturer Price	Required. The dollar amount that is the manufacturer's average price for this product. Enter dollars and cents separated by a decimal point and no special characters such as "\$". There may be up to 6 digits to the right of the decimal point and 5 digits to the left. (Example: 55555.123456)
Best Price	Optional. The dollar amount that is the manufacturer's best price for this product. Enter dollars and cents separated by a decimal with no special characters such as "\$". There may be up to 6 digits to the right of the decimal point and 5 digits to the left.. (Example: 55555.123456)
Accretion Date	When Required. The date the price information was changed for this product ID. Entered in the format YYYYMMDD. (Example: 20001231)
Correction Date	When Required. The date the price information was corrected for this product ID. Entered in the format YYYYMMDD. (Example: 20001231)
Submission Date	Required. The date the price information was submitted for this product ID. Entered in the format YYYYMMDD. (Example: 20011231)
Correction Flag	Required. Indicates whether this AMP information is an original or a corrected record. Valid values are 0 and 1. 0 = Original Rebate 1 = Change to baseline information
Drug Category	Required. Classifies drugs into the following categories. N - Non-Innovator Multiple Source S - Single Source I - Innovator Multiple Source

California DHCS AMP Submission Spreadsheet
Different Format

Copying AMP information from a different format

AMP information must be sent to the California DHCS in the CSV format. It can be saved to a CSV format from other software programs, such as MS Access, however you must ensure that the columns are in the correct order and contain valid values. If the AMP data is currently not in Excel, the following are some generic instructions to get this information in Excel, so it can be easily saved as a CSV file.

1. While viewing the AMP data in its current format, from the file menu, choose File, Save As. When the Save As window pops up, choose "Text(*.TXT)" in the Save As Type in the bottom box and save the file.
2. Go to Excel and choose File, Open. In the "Files of Type" box at the bottom, choose Text. Locate the text file just saved, and click Open.
3. The "Text Import Wizard" window will pop up and step you through the import process. When done, the AMP information will be in a spreadsheet.
4. Once the data is in Excel, open the AMP Collection sheet. Then copy the data to the AMP Collection sheet, placing data in the correct columns.

California DHCS AMP Submission Spreadsheet AMP Collection

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